DOCUMENT RESUME

ED 122 337 CS 501 368

AUTHOR Coonfield, Ted J.; And Others
TITLE Listening Skills Training: Application to Crisis Intervention Programs.
PUB DATE 75
NOTE 16p.; Paper presented at the Annual Meeting of the International Communication Association (Chicago, Illinois, April 1975)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Communication (Thought Transfer); *Communication Skills; Counseling; Instructional Programs; Counselor Evaluation; *Counselor Training; *Crisis Therapy; *Empathy; *Listening Skills; Sensitivity Training; Verbal Communication
IDENTIFIERS HELT; *Human Empathic Listening Test

ABSTRACT

A review of the literature in listening behavior reveals an increasing interest in the importance of listening in the communication process and the therapeutic situation. Since crisis workers are continually confronted with feeling-laden messages in which the implicit, unspoken, and covert content is vital, empathic listening is a necessity. The "Human Empathic Listening Test" (HELT), designed to measure response-ability, understanding, and interest, can be effective as a training device for crisis workers. Similarly, intensive workshop experiences, skills training, and listening exercises, followed by accurate feedback can prove valuable. The implications of empathic listening training extend to all helping professions, including counselors, teachers, and those in the medical fields. (KS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED122337

LISTENING SKILLS TRAINING: APPLICATION TO CRISIS INTERVENTION PROGRAMS

Ted J. Coonfield
Ben Gray
Richard A. Nida
School of Interpersonal Communication
Ohio University
Athens, Ohio

Contributed Paper to the Instructional Communication Division
of the International Communication Association
presented at the annual conference
April, 1975, Chicago

CS501368

LISTENING SKILLS TRAINING: APPLICATION TO CRISIS INTERVENTION PROGRAMS

Ted J. Coonfield, Ben Gray, Richard A. Nida
School of Interpersonal Communication
Ohio University
Athens, Ohio

Crisis intervention centers and programs have become a widespread phenomenon in the past decade (McCord and Packwood, 1973; McGee *et al.*, 1972; Slem and Cotler, 1973). While originally established for suicide prevention, they now serve a multitude of needs, particularly those needs of persons confronted with the problems of an urban environment. The range of mental health delivery systems of crisis intervention programs in the community cover the following functions: 1) counseling, 2) referral service, 3) providing information, and 4) personal care. Because of their almost "over-night" emergence, they are plagued with certain problems, most of which concern training and staffing. In fact, much of the theory and methodology of crisis intervention was not systematically organized and analyzed until the early seventies, after literally hundreds of programs were already in operation (Aguilera, 1970). Due to this empirical lag, research centers have been established to collect data and analyze results in order to determine the most appropriate administrative and clinical decisions. Even with the initiation of research projects, there is still a need to establish reliable criteria for selecting workers and designing an effective model for training, rooted in empirical research. The purpose of this paper is to provide a theory, a quantitative measure, and

to report a method of training applicable to crisis intervention workers.

McCord and Packwood (1973) reported the most desirable characteristic of crisis intervention workers is empathy. McGee, *et al.* (1972) discussed a system for evaluating the performance of crisis workers under the headings: technical effectiveness and clinical effectiveness. The first heading deals with the ability of the listener to acquire pertinent data and provide appropriate information. Yet even under the technical effectiveness heading they implied that listening with empathy is the *a priori* step in establishing contact with the client. In order to sufficiently involve the client, the individual listening must appear both nonthreatening and potentially helpful. The second heading, clinical effectiveness, deals with the ability of the listener to create a positive relationship with the client. The authors also discussed it in terms of creating a therapeutic environment. The creation of a therapeutic environment may be viewed as a system of communication, and the effectiveness of this communication between participants in the system in large part determines whether the therapy succeeds. The role of communication in the practice of all human therapeutics is well established (Rogers, 1965; Ruesch, 1961; Watslawick, Beavin, and Jackson, 1967). For the present study it need only be understood that the relationship of the crisis intervention worker and the caller is viewed as 1) a therapeutic situation and 2) a communication system. The primary, or most significant communicative behavior of crisis workers is listening, and empathy is a functional determinant of productive interpersonal relationships.

Given the needs of crisis centers in selecting and training workers, the following is an investigation of the theoretical background and the development of a communication training program. Training in this sense is synonymous with teaching (Gazda, 1973). For to train workers in listening skills is to teach them to be more effective in their job. This educational function, certainly similar to many basic learning goals found in fundamental speech-communication classes, human relations laboratory training, group interaction workshops, and counselor training, is vital when a person is in the role of helper, responsible for facilitating movement in another person toward psychological equilibrium. Probably the most significant pioneer in the training of helping skills is R. R. Carkhuff (1973). He defined "skills" as ". . . behaviors that are operational, repeatable, trainable, and predictable within a delimited range of effects. Only those interpersonal behaviors and specialty programs for which we have empirical support qualify as skills (p. 21)." Couple that definition with Goldhaber's (1974) one of training which he says is "any job-related instructional program designed to improve knowledge, skills, or attitudes of organizational members (p. 324)." He particularizes communication training as those programs designed to improve a participant's communication behavior, knowledge, and attitudes. What we are concerned with is the communication skills training in listening that is relevant for the selection and instruction of crisis workers.

The next section develops a construct that fuses listening, the primary communicative behavior, with empathy, the most important characteristic of crisis workers. This fusion provides the necessary theoretical support for both a measurement instrument and training program.

Empathic Listening

A review of the literature in listening behavior reveals an increasing interest and emphasis on its importance in the communication process and the therapeutic process. Since the pioneer study of Rankin (1930) the teaching of listening has become part of many speech-communication and business communication courses. Numerous tests were subsequently developed to measure what became called "listening comprehension," e.g., Brown-Carlsen Test of Listening Comprehension; Sequential Tests of Educational Progress; Listening; Xerox Effective Listening. A familiarization with the above research and tests are witness to the prevalent understanding of listening as the reception of aural data, the cognitive processing of that data, its recall, with effectiveness measured in terms of input/output congruence. The emphasis is on information, recall, facts, and the explicit content of the message (Weaver, 1972). Such an approach to listening is important, but incomplete and inadequate when applied to the communicative process in helping relationships. Since crisis workers are continually confronted with feeling-laden messages, messages in which the implicit, unspoken, and covert aspects are as crucial (if not more crucial than remembering of the explicit message) the current notions of listening behavior must be expanded. Gross (1972) said any clinical interview or therapeutic dyad model that does not include listening skills is inadequate. He stated that "neither can some consideration of empathic process be omitted from a serious model of the interviewer listening (p. 284)." Therefore, we expanded the conception of listening to include "listening with empathy" or as we termed the process "empathic listening."

The roots of viewing listening from the affective domain are implanted in the theories of counseling and psychotherapy. Reik (1949) discussed the importance of "listening with the third ear." Rogers and Farson (1955) coined the term "active listening" to describe the facilitative function of listening with empathy. More recently, Brammer (1973) incorporated in his discussion of helping skills the positive therapeutic consequence of "attending" or listening actively and responding facilitatively.

Also stemming from psychological studies is extensive research on "empathy" (Guiora, 1967). Theories and subsequent test construction emerged stressing the salience of empathy (Campbell, Kagan, and Krathwohl, 1971; Greif and Hogan, 1973). This research was not specifically relevant to a person communicating empathy in a helping relationship. We concur with Carkhuff, "It is simply not enough to label a box 'empathy' or even to suggest to the counselor that he enter the counselee's frame of reference. The prospective counselor must be taught systematically the necessary discrimination and communication skills involved in operationalizing 'empathy' (p. 17)."

How then, does the concept of empathy relate to the listening process? There are three variables involved in empathic listening: 1) Understanding, 2) Interest, 3) Response-Ability.

The understanding of another involves not only the ability to listen to what is being said, to comprehend meaning, to recall facts, and to draw inferences, but also the ability to listen beyond the words to the affective component of the message thereby gaining an empathic understanding of a person. Understanding then involves both the cognitive and affective abilities of the listener. The level at which

a person is capable of understanding and the actual functional level is seldom synonymous. A motivational factor or interest in another person affects understanding and subsequently listening. The level of interest shown by the listener determines the extent to which a person feels understood and is encouraged to continue. Understanding and interest are demonstrated through a feedback process. Listening is very much a private experience until a reply is made indicating the listener's perceptions. Responses which indicate understanding and interest are facilitative. They encourage personal growth in another and help move the person through a crisis period. Positive therapeutic outcome is possible through a shared communicative process.

The Measurement Instrument

The Human Empathic Listening Test (HELT), consisting of twelve individual vignettes and sixty response items, was developed depicting various representative situations confronting telephone crisis workers. Each vignette, approximately two to three minutes in length, was tape-recorded utilizing trained readers. In administering the test, subjects were asked to assume the position of a volunteer counselor in a telephone crisis center. The recorded tape provided specific instructions for answering the items pertaining to each vignette. At the conclusion of each vignette subjects were asked to select one of five responses provided per test item which most accurately described how they would respond to that specific situation. The sixty item test consisted of the following subparts: sixteen multiple-choice items measuring Response-Ability; thirty-two multiple-choice items representing the Understanding dimension; and twelve items measuring Interest. The

Interest subscale asked the listener to respond to a Likert type item which measured interest in helping the caller. Each vignette contained one Interest item, while the number of Response-Ability and Understanding items varied between vignettes due to the uniqueness of the individual calls. The rationale for selecting the number of items from each subpart was based upon the context of each situation. All of the test items were pretested with 14 graduate students in counseling and 40 undergraduates in a communication class. Individual test items were changed where necessary in order to improve clarity and discrimination capability.

The validity of the HELT was established by the known groups method. The HELT was administered to 1) undergraduate students in a communication class, 2) graduate students in a beginning counseling class, and 3) telephone crisis workers. Each of the subparts of the test discriminated among the groups as expected. Reliability estimates for the subparts ranged from .29 to .64 (KR-20) for Understanding, from .82 to .88 *Coefficient Alpha* for Interest, and from .40 to .66 (KR-20) for Response-Ability. Subsequent item analysis has produced a revised form of the HELT.

Training

For purposes of training volunteers in crisis intervention our training model was geared toward intensive workshop experiences rather than extensive experience-based learning procedures such as long-term teacher and counselor training. Steps to a training model should include: 1) Pre-Workshop Analysis, 2) Establishment of Objectives, 3) Specific Skills Training, 4) Evaluation, and 5) Feedback.

A major weakness of current workshop experiences is the "package effect" wherein a consultant applies the same technique with minimal flexibility for each client group. To overcome such an effect, a pre-workshop analysis provides the initial step in responding to a client's needs. A questionnaire or personal interview prior to the workshop experience allows clients the opportunity to respond so that objectives for workshop training become self-evident. From the derived objectives for training, the next step, construction of specific skills training, becomes pertinent and directly applicable to the client. The fourth step in a training model includes a method for evaluation to determine whether or not intermediate goals were accomplished. Once such information is received, follow-up and feedback, the fifth step in the training model, helps to determine the effectiveness of training. Such information sets in motion necessary changes to accomplish flexibility for future training clients.

As part of a general training program in crisis intervention, Dixon and Burns (1974) call for specific skills development, "One could envision, for example, a programmed training sequence which began with a discussion of crisis theory and the definition of crisis skills, proceed to the listening of actual tapes of crisis calls with a discussion of each call, and ended with a realistic role playing by every volunteer of a typical telephone call received by the intervention agency (p. 123)." Note, the method of instruction is based upon increasing learning involvement beginning with lectures and discussion leading toward role playing and simulation. Approaches such as the aforementioned relate closely to Hall's (1974) Learning Involvement Continuum in Figure 1.

Figure 1

Learning Involvement Continuum

Lectures and theory presentation are generally located on the left of the involvement continuum while the majority of skills training, i.e., role playing, encounter, and awareness sessions are generally located on the extreme right. As learning involvement becomes maximized with such encounter techniques, the acquisition of specific skills development may be initially overshadowed by emotional involvement. What is needed, then, is an emphasis upon cognitive based structured experiences in an instrumented workshop. The continuum suggests an approach to the development of skills training which begins on the left and through the training session moves to the instrumented workshops, where skills training is located.

With a backdrop provided for a general training model for crisis intervention, attention will be directed to skills training. The role of listening and responding empathically to persons is a basic function of the helping relationship--whatever the setting. Effective utilization of the HELT as an instrument to increase one's empathic listening has been demonstrated with mental health workers, corrections counselors, and crisis personnel, furthermore, discussion of responses further expand the utility of the listening instrument. A more extensive application of empathic listening to crisis intervention was presented to residence life counselors and supervisors, whose job role entails responding appropriately to crisis situations confronting their constituents. Current training procedures for empathic listening with residence

life personnel included:

1) pre-course questionnaire--to determine current needs and expectations of the training session from which objectives are derived,
2) establishment of objectives--to provide a sense of direction for training,
3) selection of work groups--to begin the initial development of team building,
4) orientation--to explain terms, theory, clarify goals and expectations of the training session,
5) paraphrasing exercises--to develop skills in reflecting and restatement,
6) administration of the HELT --to provide a basis for discussion of the strengths and weaknesses of each response with respect to empathic responses,
7) Carkhuff exercises--to provide a basis for improving a client's facilitative responses,
8) listening exercises--structured exercises designed especially for the client group,
9) resource materials--to provide additional exercises and reference materials for post-workshop experiences with special emphasis upon team building enrichment,
10) post-course questionnaire--to help determine whether or not original client training objectives were met,
11) feedback--to follow up with clients to determine effectiveness to on-the-job application.*

---

*Specific exercises, questionnaires, and information used in training is available from H.E.L.P. Associates, Box 1078, Athens, Ohio 45701.

The specific steps outlined above were used in the actual training of residence life staff members. These steps coincided closely with the general training model mentioned earlier and create a workable approach to the training of listening skills in crisis intervention programs. These procedures are not offered as a final answer to training problems, but rather as a guide to be modified and improved upon. Any training program must take into account the needs, goals, and expectations of the client group as well as skill level functioning, and then tailor those procedures, materials, and exercises to meet them. Procedures, materials, and exercises need to be continually researched and evaluated using empirical techniques for validation; however, the training program need not end with evaluation and feedback. The true test of assessing training effectiveness would be not only the acquisition of specific skills, but the tranferrence of those skills to existing job-related requirements which becomes the central responsibility of the client. Assuming this transferrence the probability of future client-initiated on-the-job learning is increased.

Implications

From the development of a construct to the instruction of it in a training program is a long journey. This paper provides a new way of viewing and teaching listening behavior, and applies it to an area in need of models and measurements of listening skills function. The nature of the study suggests many possibilities for further research. For example, empathic listening is applicable to classroom instruction, training of counselors and teachers, teaching managers in business organizations, educating nurses and doctors or paraprofessionals

who may be in a position to help another. Empathic listening seems most relevant to health and therapeutic communication contexts.

Studies need to be conducted further on the HELT and other instruments developed. The HELT is designed for crisis intervention workers but new tests could be geared for other populations. While correlation studies are presently being conducted by the authors, a long-range research design to test the predictive validity of the HELT is essential. A comparison of scores of the selected crisis workers with unselected but subsequently trained workers is promising.

The area of training is still embryonic. Suggested inquiries concerning teaching empathic listening could include: 1) experimental designs to measure effectiveness, 2) an interpersonal communication skills inventory to be used as a diagnostic device to ascertain the necessary focus of training to meet client needs, 3) continued revision and innovation of experiential learning exercises, 4) the use of microcounseling (Ivey, 1972) and Interpersonal Process Recall (Kagan, 1971), 5) the design and production of an adaptable training and instructional skills program. Clearly, other research possibilities exist. Hopefully, this paper exemplifies the appropriateness and necessity of interfacing communication studies with the problems of the urban environment.

References

1. Barnlund, D. C. *Interpersonal Communications: Survey and Studies.* Boston: Houghton Mifflin Company, 1968.

2. Campbell, R. J., Kagan, N. and Krathwohl, D. R. The development and validation of a scale to measure affective sensitivity (empathy). *Journal of Counseling Psychology*, 1971, *18*, 407-412.

3. Carkhuff, R. R. *Helping and Human Relations.* New York: Holt, Rinehold, and Winston, Inc., 1969, Vol. I.

4. Carkhuff, R. R. New directions in training for the helping professions: toward a technology for human and community resource development. *The Counseling Psychologist*, 1972, *3*, 12-30.

5. Carkhuff, R. R. The development of Systematic Human Resources Development Models, *The Counseling Psychologist*, 1972, *3*, 4-11.

6. Dixon, M. C. and Burns, J. L. Crisis theory, active learning, and the training of telephone crisis volunteers. *Journal of Community Psychology*, 1974, *2*, 120-125.

7. Fuller, D. A. and Quesada, G. M. Communication in medical therapeutics. *The Journal of Communication*, 1973, *23*, 361-370.

8. Gazda, G. M. *Human Relations Development: A Manual for Educators.* Boston: Allyn and Bacon, Inc., 1973.

9. Goldhaber, G. M. *Organizational Communication.* Dubuque, Iowa: Wm. C. Brown Co., 1974.

10. Greif, E. B. and Hogan, R. The theory and measurement of empathy, *Journal of Counseling Psychology*, 1973, *20*, 280-284.

11. Gross, H. S. Toward including listening in a model of the interview, in *Studies in Dyadic Communication*, Siegman, A. W. and Pope, B. (eds.) New York: Pergamon Press, 1972.

12. Guiora, A. Z. Toward a systematic study of empathy. *Comprehensive Psychiatry*, 1967, *8*, 375-385.

13. Hedin, O. Hotline operators looks at hotlines, *Center for Youth Development and Research: Quarterly Focus*, 1972, *1*.

14. Ivey, A. *Microcounseling: Interviewing Skills Manual.* Springfield, Ill.: C. C. Thomas, 1972.

15. Kagan, N., Krathwohl, D. R., Goldberg, A. D., Campbell, R. J., Schauble, P. G., Greenberg, B. S., Danish, S. J., Resnikoff, A., Bowes, J., and Bondy, S. D. Studies in human interaction: Interpersonal Process Recall stimulated by videotape. Educational Publication Service, Michigan State University, December, 1967.

16. McCord, J. B. and Packwood, W. T. Crisis centers and hotlines: a survey. *Personnel and Guidance Journal*, 1973, *51*, 723-728.

17. McGee, R. K., Knickerbocker, D. A., Fowler, D. E., Jennings, B., Ansel, E. L. Zelenka, M. H., and Marcus, S. Evaluation of crisis intervention programs and personnel: a summary and critique. *Life Threatening Behavior*, 1972, *2*, 168-182.

18. Pfeiffer, J. W. and Heslin, R. *Instrumentation in Human Relations Training.* Iowa City, Iowa: University Associates, 1973.

19. Remer, R., and Sease, W. The development of a criterion instrument for counselor selection, *Measurement and Evaluation in Guidance*, 1974, *7*, 181-187.

20. Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 1957, *21*, 95-103.

21. Rogers, C. R. The therapeutic relationship: recent theory and research. *Australian Journal of Psychology*, 1965, *17*, 95-108.

22. Ruesch, J. *Therapeutic Communication.* New York: W. W. Norton and Co., 1961.

23. Slem, C. M. and Cotler, S. Crisis phone services: evaluation of a hotline program, *American Journal of Community Psychology*, 1973, *1*, 219-227.

24. Watzlawick, P., Beavin, J. H. and Jackson, D. D. *Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies, and Paradoxes.* New York: W. W. Norton and Co., 1967.

25. Weaver, C. H. *Human Listening Processes and Behavior.* Indianapolis: Bobbs-Merrill, 1972.